

CHECKLIST FOR WORK-RELATED INJURIES

ALL INJURIES MUST BE REPORTED TO THE RISK MANAGER

Contact: Aiken County Risk Manager
828 Richland Avenue, Room 205
Aiken, SC 29801
Tel: (803)-642-1544; Fax: (803)-643-1994, e-mail: rgordy@aikencountysc.gov
(Alternates: Office Manager: 803-642-2013)

INJURED EMPLOYEE:

_____ Report injury to Supervisor *immediately*.

_____ If medical treatment is provided, report, in person, to the Risk Management office **within 24 hours** of injury or next scheduled workday to complete "First Report of Injury. ***(If injured employee cannot report to Risk Management Office within specified time frame, supervisor is responsible for doing so.)***

_____ If emergency room treatment (ER) is required, ensure that the ER registration desk & Triage is given correct employer information: Aiken County Government, Attn: Risk Management, 828 Richland Ave., Aiken, SC 29801, 803-642-1544

_____ Coordinate ***all*** medical services ***through the Risk Manager***.

_____ **If time is missed from work due to work-related injury, employee shall provide the supervisor a copy of disability Certificate signed by the treating physician. If the physician indicates that modified duty is required, employee shall provide a copy of the restrictions to the supervisor.**

_____ Inform Department Head/Supervisor of the type of leave to be used for **first seven (7) calendar days** of injury (if time missed extends beyond seven (7) calendar days) ***after being put out of work by a physician***.

SUPERVISOR

_____ Refer injured employee to *County's designated medical provider* first or utilize the closest Emergency Room (*only if the County's designated medical provider is closed or in the case of true emergencies only*). ***This does not include exposure to blood borne pathogens (see next item). Regardless of type of injury, advise Risk Management (642-1544) that employee has been injured and is being sent to appropriate medical provider as may be necessary. If injury is not a life threatening situation***

& occurs after normal business hours (8 a.m. – 5 p.m., Monday - Friday), holidays or weekends, notify Risk Management by leaving a voice mail or sending an e-mail and forwarding appropriate accident/incident paperwork immediately. ***Follow-up treatment is with County's designated medical provider, not the Emergency Room referral or family physician.***

For post-exposure (blood borne pathogens) evaluation and treatment, contact Risk Management immediately at 642-1544 so that evaluation and treatments will be coordinated with the designated medical provider. ***If exposure occurs after normal business hours (8 a.m. - 5 p.m., Monday - Friday), holidays or weekends, go to the nearest emergency room.*** If treatment is provided after normal business hours, holidays or weekends, contact Risk Management on the next business day.

_____ If a fatality occurs or three (3) or more employees are transported to the hospital for the same condition, notify Risk Manager immediately. If after normal business hours (8:00 a.m. - 5:00 p.m., Monday - Friday), notify Risk Manager through Aiken County Sheriff's Office Dispatch (642-1762). Dispatch has emergency telephone numbers for the Risk Manager. SCDOL OSHA office **shall be notified within eight (8) hours** of supervisor being notified of fatality. If the Risk Manager is not available, **the supervisor is responsible** for contacting OSHA (**telephone number 1-803-896-7662**) and then contacting Risk Manager or the designated backups as soon as possible.

_____ Advise the injured employee that ***drug and alcohol testing shall be conducted*** at the County's designated medical provider per Section 2-398 (m)(1) of the Aiken County Code of Ordinances. These tests shall be administered at the time of initial treatment or, in the case of hospitalization, as soon as is medically feasible. For injuries occurring after normal business hours, refer to "After Hour Drug/Alcohol Testing Procedures".

_____ Complete "County of Aiken Incident Report". The department should keep a copy and forward the original to Risk Management. If the employee declines medical treatment at the time of the injury, note the declination of treatment on the Report and have the employee initial and date that section.

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_____ Ensure that injured employee provides required information to Risk Management to initiate procedures for filing the workers' compensation claim if medical treatment was provided by a hospital or the County's designated medical provider.

_____ If the employee is placed out of work or on modified duty is indicated, supervisor shall forward a copy of the disability/restricted duty statement to Risk Management as soon as possible.

DEPARTMENT HEAD/RISK MANAGEMENT LIAISON

_____ Verify that injury has been reported to Risk Management office.

_____ Ensure that injured employee has completed required personal interview with Risk Management office.

_____ Keep time sheet records on each injured employee who misses work due to work related injury, providing copy of injured employee's time sheet to Risk Management on a weekly basis.

_____ Ensure that department has a disability/modified duty certificate", signed by the treating physician to supervisor before being allowed to return to modified duty or regular work assignment. Ensure that a copy is sent to Risk Management.